

CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
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BOARD OF SUPERVISORS

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August 02, 2016

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

20 August 2, 2016

LORI GLASGOW
EXECUTIVE OFFICER

Dear Supervisors:

**APPROVAL TO EXECUTE TEN MASTER AGREEMENT WORK ORDERS FOR THE PROVISION
OF BIOMEDICAL HIV PREVENTION SERVICES FOR HIGH RISK POPULATIONS FOR SERVICE
PLANNING AREAS 2, 4, 6, 7, AND 8
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Request approval to execute ten Master Agreement Work Orders for the provision of Biomedical HIV Prevention Services for High Risk Populations for Service Planning Areas 2, 4, 6, 7, and 8.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize and instruct the Interim Director of the Department of Public Health (DPH), or her designee, to execute ten Master Agreement Work Orders (MAWOs), substantially similar to Exhibit I, with the agencies listed in Attachment A, for the provision of Biomedical HIV Prevention Services for High Risk Populations for Service Planning Areas (SPA) 2, 4, 6, 7, and 8, effective date of Board approval through September 29, 2018, at a total maximum obligation of \$11,513,684; fully offset by Centers for Disease Control and Prevention (CDC) funding and net County cost (NCC) funds.
2. Delegate authority to the Interim Director of DPH, or her designee, to execute amendments to the MAWOs that extend the term through September 29, 2020 and adjust the term through March 31, 2021 at no additional cost, if needed, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendation 1 will allow DPH to execute ten MAWOs for the provision of Biomedical HIV Prevention Services, including Pre-Exposure Prophylaxis (PrEP) and non-

occupational Post-Exposure Prophylaxis (PEP), to those populations at highest risk for HIV including, but not limited to, men who have sex with men (MSM) and transgender individuals, with a focus on young MSM whose income is less than 500% of the Federal Poverty Level (FPL) within SPAs 2, 4, 6, 7, and 8.

PrEP is a potent biomedical prevention tool, intended for targeting HIV-negative persons at high risk of acquiring HIV infection. PrEP treatment guidelines require a daily oral antiretroviral medication to be taken on a continuous basis to significantly reduce an individual's overall risk of HIV acquisition. PEP is also a biomedical prevention approach for HIV-negative persons, but it is taken after a high-risk HIV exposure. PEP is comprised of a 28-day course of an antiretroviral medication taken to reduce the chance of becoming HIV-positive.

Approval of Recommendation 2 will allow DPH to execute amendments to extend and/or adjust the term of the MAWOs. This recommended action will enable DPH to amend the MAWOs to adjust the term for a period of up to six months beyond the expiration date. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable grant funding to allow additional time to complete services and utilize grant funding. This authority is being requested to enhance DPH's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Implementation of Strategic Plan Goals

The recommended actions support Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total maximum obligation for the MAWOs with the ten contractors is \$11,513,684 for the period of Board approval through September 29, 2018. Of that amount \$10,980,435 is 100 percent offset by CDC funds to support provider's personnel and program expenses. The remaining amount of \$533,249 is 100 percent offset by NCC funds and is allocated to support PrEP and PEP medication dissemination to the target population.

Funding is included in DPH's fiscal year (FY) 2016-17 Adopted Budget, and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On September 29, 2015, your Board authorized acceptance of a forthcoming award from the CDC for the anticipated period of September 30, 2015 through September 29, 2018, at a total amount estimated not to exceed \$21,000,000, to support Biomedical HIV Prevention Services. On January 19, 2016, DPH exercised this authority to accept \$4,500,000 for the implementation of pre-exposure prophylaxis and linkage and re-engagement to HIV medical services, effective September 30, 2015 through September 29, 2016.

On January 5, 2016, your Board approved execution of 14 Master Agreements for the provision of Biomedical HIV Prevention Services. Additionally your Board delegated authority to the Interim Director of DPH, or her designee, to execute MAWOs for services performed under the Master Agreements if a Work Order Solicitation (WOS) results in MAWOs that are less than \$500,000 annually, subject to review and approval by County Counsel, and notification to your Board and the CEO.

DPH is returning to your Board for authorization to execute these Biomedical HIV Prevention Services MAWOs, since the annual amount of several of the MAWOs exceeds DPH's delegated authority to execute MAWOs that are less than \$500,000 annually.

County Counsel has reviewed and approved Exhibit I as to form.

CONTRACTING PROCESS

On March 7, 2016, DPH issued a WOS to the 14 Master Agreement contractors for Biomedical HIV Prevention Services. All interested proposers were required to meet the mandatory minimum qualifications, as outlined in the WOS.

On April 8, 2016, DPH issued WOS Addendum Number 1, which extended the date to release questions and answers to allow DPH additional time to research and develop responses to Proposer's written questions received by the March 18, 2016 deadline. On April 14, 2016, DPH issued WOS Addendum Number 2 which included the Proposer's questions and responses. There were no requests received for a Solicitations Requirements Review.

By the due date of April 22, 2016, ten proposals were received in response to the WOS. No proposals were received late or disqualified. The proposals were evaluated by subject matter experts external to DPH in accordance with Evaluation Methodology for Proposals – Policy 5.054 approved by your Board on March 31, 2009.

As a result of the evaluation process, DPH is recommending the award of ten MAWOs for Biomedical HIV Prevention Services in SPAs 2, 4, 6, 7, and 8.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

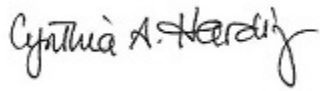
Approval of the recommended actions will allow DPH to support Biomedical HIV Prevention Services that will complement existing HIV prevention strategies and provide more efficient and effective HIV prevention services to residents of Los Angeles County.

The Honorable Board of Supervisors

8/2/2016

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Respectfully submitted,

A handwritten signature in cursive script that reads "Cynthia A. Harding".

Cynthia A. Harding, M.P.H.

Interim Director

CAH:ld

BL#03627

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

**Biomedical HIV Prevention Services
Master Agreement Work Order
Funding**

CONTRACTOR		MAWO NUMBER	ALLOCATION	SERVICE PLANNING AREA	SUPERVISORIAL DISTRICT
TERM: DATE OF BOARD APPROVAL - SEPTEMBER 29, 2018					
1	Tarzana Treatment Centers	PH-003088-W1	\$1,342,960	2	3
2	Los Angeles LGBT Center	PH-003085-W1	\$4,777,467	4	3
3	Children's Hospital Los Angeles	PH-03081-W1	\$270,930	4	3
4	Anthony Martin Mills, MD	PH-003078-W1	\$544,275	4	3
5	JWCH Institute, Inc.	PH003084-W1	\$504,038	4	3
6	APLA Health & Wellness Inc.	PH-003079-W1	\$1,285,175	6	2
7	St. John's Well Child and Family Center	PH-003087-W1	\$602,096	6	2
8	AltaMed Health Services Corporation	PH-003077-W1	\$1,218,315	4, 7	1,3
9	City of Long Beach	PH-003082-W1	\$631,984	8	4
10	Dignity Health DBA St. Mary Medical Center	PH-003083-W1	\$336,444	8	4
TOTAL			\$11,513,684		

TOTAL FUNDING	
TOTAL CDC FUNDING	\$10,980,435
TOTAL NCC FUNDING (MEDICATION)	\$533,249
TOTAL ALL FUNDING SOURCES	\$11,513,684

EXHIBIT I

Master Agreement Number: _____
Work Order Number: _____

COUNTY OF LOS ANGELES / DEPARTMENT OF PUBLIC HEALTH
MASTER AGREEMENT WORK ORDER (MAWO)
FOR
BIOMEDICAL HIV PREVENTION SERVICES

“CONTRACTOR”

This Master Agreement Work Order and Attachments made and entered into this _____ day of _____, 2016 by and between the County of Los Angeles, Department of Public Health, hereinafter referred to as County and CONTRACTOR, hereinafter referred to as Contractor. Contractor is located at ADDRESS.

RECITALS

WHEREAS, on _____, 20__ the County of Los Angeles and CONTRACTOR NAME, entered into Master Agreement Number _____ to provide Biomedical HIV Prevention services for the Department of Public Health; and

WHEREAS, Contractor submitted a response to Work Order Solicitation No. BIOMED-WOS-001 released by the County for Biomedical HIV Prevention services; and

WHEREAS, all terms of the Master Agreement Number _____ shall remain in full force and effect; and

NOW THEREFORE, in consideration of the mutual covenants contained herein, and for good and valuable consideration, the parties agree to the following:

1.0 APPLICABLE DOCUMENTS

Attachments B (B-1, B-2, B-3, B-4, B-5 and B-6), C (C-1, C-2), D, E, F, G and H are attached to and form a part of this Master Agreement Work Order (MAWO). In the event of any conflict or inconsistency in the definition or interpretation of any work, responsibility, schedule, or the contents or description of any task, deliverable, goods, service, or other work, or otherwise between the base Contract and the Attachments, or between Attachments, such conflict or inconsistency shall be resolved by giving precedence first to the Master Agreement, MAWO, and then to the Attachments according to the following priority.

Standard Attachments:

- 1.0 Attachment A - Statement of Work (Intentionally Omitted)
- 1.1 Attachment B - Scopes of Work
- 1.2 Attachment C - Pricing Sheet PrEP and PEP Service Elements /
+ Schedules
- 1.3 Attachment D - PrEP Service Elements
- 1.4 Attachment E - PEP Service Elements
- 1.5 Attachment F - Forms Required For Each Work Order Before Work
Begins

Unique Attachments:

- 1.6 Attachment G - Contractor's Obligation as a Non-Business Associate
under the Health Insurance Portability and
Accountability Act (HIPAA) Of 1996
- 1.7 Attachment H - Charitable Contributions Certification

2.0 WORK

- 2.1 Pursuant to the provisions of this work order, the Contractor shall fully perform, complete and deliver on time, all tasks, deliverables, services and other work as set forth in Attachment B (B-1, B-2, B-3, B-4, B-5, and B-6), Scope of Works, Attachment D, PrEP Service Elements, and Attachment E, PEP Service Elements. This shall constitute the complete and exclusive statement of understanding between the parties, which supersedes all previous agreements, written or oral, and all communications between the parties relating to the subject matter of this work order.

3.0 TERM OF MASTER AGREEMENT WORK ORDER

The term of this MAWO shall commence effective August 1, 2016 and continue in full force and effect through September 29, 2018, unless sooner terminated or extended, in whole or in part, as provided in this MAWO.

4.0 CONTRACT RATES

Contractor shall provide Biomedical HIV Prevention services at the specified rates in Attachment C (C-1, Pricing Sheet for PrEP and PEP Service Elements and C-2, Schedules 1-13).

5.0 CONTRACTOR BUDGET AND EXPENDITURES REDUCTION FLEXIBILITY

In order for County to maintain flexibility with regard to budget and expenditure reductions, Contractor agrees that Director may cancel this MAWO, without cause, upon the giving of ten (10) calendar days written notice to Contractor. In the alternative to cancellation, Director may, consistent with federal, State, and/or County budget reductions, renegotiate the scope/description of work, maximum obligation, and budget of this MAWO via written Amendment. To implement such, an Amendment to the MAWO shall be prepared by Director and executed by the Contractor and by the Director pursuant to Master Agreement, Paragraph 8.0, Standard Terms and Conditions.

6.0 FUNDING SOURCE

Provision of services under this MAWO for Biomedical HIV Prevention Services is funded by the federal Centers for Disease Control and Prevention and net County cost.

7.0 MAXIMUM TOTAL COST AND PAYMENT

- 7.1 The Maximum Total Cost that County will pay Contractor for all Services to be provided under this MAWO for Biomedical HIV Prevention Services shall not exceed the amount of _____ Dollars (\$\$\$) for the period of performance commencing August 1, 2016 through September 29, 2018, unless otherwise revised or amended under the terms of this MAWO.
- 7.2 Effective August 1, 2016 through September 29, 2016, the maximum obligation of County for all services provided hereunder shall not exceed _____ Dollars (\$), as set forth in Attachment C-2, Schedules 1, 2, 3 and 4, attached hereto and incorporated herein by reference.
- 7.3 Effective September 30, 2016 through September 29, 2017, the maximum obligation of County for all services provided hereunder shall not exceed _____ Dollars (\$), as set forth in Attachment C-2, Schedules 5, 6, 7, 8 and 9, attached hereto and incorporated herein by reference.
- 7.4 Effective September 30, 2017 through September 29, 2018, the maximum obligation of County for all services provided hereunder shall not exceed _____ Dollars (\$), as set forth in Attachment C-2, Schedules 10, 11, 12, and 13, attached hereto and incorporated herein by reference.

- 7.5 County agrees to compensate Contractor in accordance with the payment structure set forth in Attachment C (C-1, Pricing Sheet and C-2, PrEP and PEP Service Elements/Schedules, attached hereto and incorporated herein by reference.
- 7.6 Contractor shall satisfactorily perform and complete all required Services in accordance with Attachment B (B-1, B-2, B-3, B-4, B-5 and B-6), Scopes of Work, Attachment D, PrEP Service Elements, and Attachment E, PEP Service Elements, notwithstanding the fact that total payment from County shall not exceed the Total Maximum Amount. Performance of services as used in this Paragraph includes time spent performing any of the service activities designated in the Attachment(s) including, but not limited to, any time spent on the preparation for such activities.
- 7.7 All invoices submitted by Contractor for payment must be submitted for approval to the County Project Manager, or her designee; no later than thirty (30) calendar days after month end.
- 7.8 Upon expiration or prior termination of this MAWO, Contractor shall submit to County Project Manager, within thirty (30) calendar days, any outstanding and/or final invoice(s) for processing and payment. Contractor's failure to submit any outstanding and/or final invoices to the County Project Manager within the specified period described above shall constitute Contractor's waiver to receive payment for any outstanding and/or final invoices.
- 7.9 Contractor may request Director to modify the project budget. These requests will be reviewed and considered for approval if the Director determines that the requests are programmatically sound, fiscally appropriate, and in accordance to Master Agreement, Paragraph 8.1 Amendments. Additional budget modification instructions may be provided by County. The budget may only be modified after Contractor obtains the prior written approval of the Director. No modification shall increase the maximum total cost that County pays to Contractor as provided in Paragraph 7.1. Contractor may submit budget modification requests that seek to move funds within and between any budget categories. All budget modifications shall be incorporated into this MAWO by a written Change Notice executed by Contractor and the Director or designee.
- 7.10 While payments shall be made in accordance with the fixed price per deliverable set out in Pricing Sheet and PrEP and PEP Service Elements/Schedules, Contractor, if requested by County, State, or federal representatives, must be able to produce proof of actual costs incurred in the provision of units of service hereunder. If the actual allowable and documented costs are less than the fixed price per deliverable set in the budget(s), Contractor shall be reimbursed for the actual costs. In no event shall County be required to pay Contractor for units of service that are not supported by actual allowable and documented costs.

- 7.11 The Interim Director of the Department of Public Health (DPH), or her designee, may execute amendments to this MAWO that extend the term through September 29, 2020, adjust the term the through March 31, 2021 at no additional cost, if needed; allow the rollover of unspent funds; provide an internal reallocation of funds between budgets up to 50 percent of each term's annual base maximum obligation; and/or provide an increase or decrease in funding up to 50 percent above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable term, and make corresponding service adjustments that do not substantively alter the scope of work, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office. All amendments shall be prepared by the Interim Director of DPH, or her designee, executed by Contractor and Interim Director or her designee as authorized by the Board, and incorporated into and become part of this MAWO.
- 7.12 The Interim Director of DPH, or her designee, may executive change notices to this MAWO that authorize modifications to or within budget categories within each budget, and corresponding service adjustments, as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the MAWO's terms and conditions. A written Change Notice shall be signed by the Director, or his designee, and Contractor, as authorized by the Board, and incorporated into and become part of this MAWO.

8.0 DATA REPORTING REQUIREMENTS

- 8.1 Contractor shall purchase and/or modify an electronic data interface (EDI) program to facilitate the reporting of demographic/resource data, service utilization, medical and support services outcomes, and linkages and referrals to County's data management system. Contractor shall receive one-time funding for EDI.
- 8.2 County's system will be used to standardize reporting, and invoicing, support program evaluation processes, and to provide DHSP and participating contractors with information relative to the HIV/AIDS epidemic in Los Angeles County. Contractor shall ensure data quality and compliance with all data submission requirements as provided in writing by DHSP.

9.0 MANDATORY COMPLETION DATE

Contractor shall provide all deliverables no later than the Completion Date identified in the in Attachment B (B-1, B-2, B-3, B-4, B-5 and B-6) Scopes of Work. The Contractor shall ensure all Services have been performed by such date.

10.0 SERVICES

In accordance with Master Agreement Subparagraph 3.3, Contractor may not be paid for any task, deliverable, service, or other work that is not specified in this MAWO, and/or that utilizes personnel not specified in this MAWO, and/or that exceeds the Total Maximum Amount of this MAWO, and/or that goes beyond the expiration date of this MAWO.

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ALL TERMS OF THE MASTER AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT. THE TERMS OF THE MASTER AGREEMENT SHALL GOVERN AND TAKE PRECEDENCE OVER ANY CONFLICTING TERMS AND/OR CONDITIONS IN THIS MAWO. NEITHER THE RATES NOR ANY OTHER SPECIFICATIONS IN THIS WORK ORDER ARE VALID OR BINDING IF THEY DO NOT COMPLY WITH THE TERMS AND CONDITIONS OF THE MASTER AGREEMENT, REGARDLESS OF ANY ORAL PROMISE MADE TO CONTRACTOR BY ANY COUNTY PERSONNEL WHATSOEVER.

COUNTY OF LOS ANGELES

By _____
Cynthia A. Harding, M.P.H.
Interim Director

Date

By _____
CONTRACTOR

Signature

Printed Name

Title _____

APPROVED AS TO FORM:
BY THE OFFICE OF THE COUNTY COUNSEL
MARY C. WICKHAM
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By _____
Patricia Gibson, Chief
Contracts and Grants Division

#03627

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
1	Conduct a risk behavior screening and provide a brief intervention	<ul style="list-style-type: none"> Identify clients who are potential PrEP candidates Conduct a brief intervention to raise client's awareness of their risk and motivate behavior change* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a risk behavior screening and a brief intervention was conducted. Data elements will be included in report to DHSP collected as part of reporting requirements.
2	Conduct a program intake and assessment with clients who are PrEP candidates	<ul style="list-style-type: none"> Introduce program and perform insurance screening If client is uninsured, refer to benefits navigation If client is insured but not a match to clinics' covered plans discuss options with client and refer to benefits navigation if necessary Conduct basic needs assessment* Refer clients to referral services 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate a program intake and assessment was conducted. Documentation should include all referrals that were provided. If client is not a match for the clinics covered plans, a note should be made indicating the disposition of the client. Data elements will be included in report to DHSP collected as part of reporting requirements.
3	Provide HIV prevention education	<ul style="list-style-type: none"> Provide basic PrEP education including the pros and cons of PrEP* Provide basic PEP education including the pros and cons of PEP* Discuss other HIV prevention options (e.g. condoms, HIV screening, etc.)* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that PrEP and PEP education was provided to the client and clearly document what other HIV prevention options were discussed. Data elements will be included in report to DHSP collected as part of reporting requirements.
4	Provide referral to services	<ul style="list-style-type: none"> Conduct referrals as needed based on the assessment conducted at program intake. Referrals include but are not limited to: mental health and substance abuse services, other prevention services such as partner services and syringe exchange, and general social services Every effort should be made to ensure that the client was successfully linked to services* 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate which referrals were provided based on the client assessment. Documentation must clearly indicate efforts made to ensure that client was successfully linked to referral. A successful linkage will be indicated by evidence client went to referral appointment. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services

Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
5	Provide benefits navigation and enrollment	<ul style="list-style-type: none"> • Provide education about the benefits that a client may be eligible for and/or explain how best to use the benefits a client already has* • Ensure that uninsured or under insured clients who express interest in PrEP get appropriate health insurance coverage • If necessary, enroll eligible clients in Medi-Cal or Affordable Care Act (ACA) insurance through Covered California • For clients with ACA coverage that does not cover PrEP appropriately, discuss future changes to coverage • Enroll eligible clients in manufacturer's medication assistance programs (MAPs) and co-payment assistance programs 	Benefits Specialist	Documentation in the client's chart must clearly indicate that the client met with a benefit specialist. Notes should include the final disposition of the clients received benefits. Data elements will be included in report to DHSP collected as part of reporting requirements.
6	Conduct initial medical visit	<ul style="list-style-type: none"> • Conduct clinical assessment and physical exam • Order HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) laboratory tests • Assess indication for PrEP • PrEP education regarding risks and benefits, signs of acute HIV seroconversion, adherence • Conduct risk screening, substance use and mental health needs assessment • Provide referrals as necessary 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
7	Conduct initial non-medical visit	<ul style="list-style-type: none"> • Provide PrEP education regarding adherence, missed dose protocols, side effects, and symptoms of seroconversion* • Assist, as necessary, patient in getting medication • Schedule follow-up phone calls, appointment reminders • Follow up with linkages to services based on initial or subsequent needs assessments 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
8	Conduct follow-up medical visit	<ul style="list-style-type: none"> • Conduct laboratory testing: • HIV/STD/Creatinine/Urine Pregnancy testing • STD treatment, if necessary • Conduct an adherence assessment and targeted counseling* • Discuss need and desire to continue PrEP • Risk screening, substance use and mental health needs assessment with referral to referral services 	Medical Provider	Documentation in the client's chart must clearly indicate a follow-up medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
9	Conduct follow up non-medical visit	<ul style="list-style-type: none"> • Provide PrEP education regarding adherence, conduct missed dose protocols, discuss side effects, explain symptoms of seroconversion* • Follow-up phone calls, appointment reminders • Follow-up with linkages to services based on initial or subsequent needs assessments 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a follow-up non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the clients chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
10	Provide STD treatment	<ul style="list-style-type: none"> Provide a brief visit for STD treatment (after positive screening) if needed in between follow-up appointments 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
11	Conduct vaccination administration	<ul style="list-style-type: none"> Provide a brief visit for administration of vaccines such as Hepatitis A/B, HPV, and Meningococcal (as indicated) 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key element of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
12	Conduct medication assistance program (MAP) follow-up	<ul style="list-style-type: none"> Coordinate medication refills and complete paperwork for MAP and patient assistance programs as necessary Ensure medication pick up for clients on medication assistance programs 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that a MAP follow up occurred and detail if the client received the medication. Data elements will be included in report to DHSP collected as part of reporting requirements.
13	Conduct program reassessment	<ul style="list-style-type: none"> Reassess each client at six months to determine ongoing need for PrEP and conduct insurance assessment, as needed Ensure that uninsured or under insured receive benefits navigation services Address any outstanding needs and referrals and refer to referral services, as necessary If insured but not a match to clinics' covered plans, or other referral needs, refer to Linkage Navigation 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate that a six-month program assessment was conducted. The notes should clearly indicate the ongoing need for PrEP and how the decision was made. Any coordination with benefits navigation or other referrals should be clearly documented and should include the final disposition if necessary. Data elements will be included in report to DHSP collected as part of reporting requirements.
14	Conduct referrals and linkage to primary care	<ul style="list-style-type: none"> Assess and refer as needed to <ul style="list-style-type: none"> appropriate PrEP provider covered by client's insurance 	Biomedical Prevention Coordinator	Documentation in the client's chart that clearly indicates if the client was referred to another medical provider. Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services

Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Create individual transition plan with client, which includes identifying their primary care provider (PCP) or helping them identify a new one in their plan; Obtain medical release of information Assist client, as needed, with scheduling appointment and transfer of appropriate medical information to client or provider Send referral packet to PCP 		in the client's record. Documentation should clearly demonstrate that the coordinator assisted the client in making the appointment and that appropriate documentation was provided to the client and/or the client's new provider as appropriate.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
1	Conduct a risk behavior screening and provide a brief intervention	<ul style="list-style-type: none"> Identify clients who are potential PrEP candidates Conduct a brief intervention to raise client's awareness of their risk and motivate behavior change* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a risk behavior screening and a brief intervention was conducted. Data elements will be included in report to DHSP collected as part of reporting requirements.
2	Conduct a program intake and assessment with clients who are PrEP candidates	<ul style="list-style-type: none"> Introduce program and perform insurance screening If client is uninsured, refer to benefits navigation If client is insured but not a match to clinics' covered plans discuss options with client and refer to benefits navigation if necessary Conduct basic needs assessment* Refer clients to referral services 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate a program intake and assessment was conducted. Documentation should include all referrals that were provided. If client is not a match for the clinics covered plans, a note should be made indicating the disposition of the client. Data elements will be included in report to DHSP collected as part of reporting requirements.
3	Provide HIV prevention education	<ul style="list-style-type: none"> Provide basic PrEP education including the pros and cons of PrEP* Provide basic PEP education including the pros and cons of PEP* Discuss other HIV prevention options (e.g. condoms, HIV screening, etc.)* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that PrEP and PEP education was provided to the client and clearly document what other HIV prevention options were discussed. Data elements will be included in report to DHSP collected as part of reporting requirements.
4	Provide referral to services	<ul style="list-style-type: none"> Conduct referrals as needed based on the assessment conducted at program intake. Referrals include but are not limited to: mental health and substance abuse services, other prevention services such as partner services and syringe exchange, and general social services Every effort should be made to ensure that the client was successfully linked to services* 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate which referrals were provided based on the client assessment. Documentation must clearly indicate efforts made to ensure that client was successfully linked to referral. A successful linkage will be indicated by evidence client went to referral appointment. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
5	Provide benefits navigation and enrollment	<ul style="list-style-type: none"> • Provide education about the benefits that a client may be eligible for and/or explain how best to use the benefits a client already has* • Ensure that uninsured or under insured clients who express interest in PrEP get appropriate health insurance coverage • If necessary, enroll eligible clients in Medi-Cal or Affordable Care Act (ACA) insurance through Covered California • For clients with ACA coverage that does not cover PrEP appropriately, discuss future changes to coverage • Enroll eligible clients in manufacturer's medication assistance programs (MAPs) and co-payment assistance programs 	Benefits Specialist	Documentation in the client's chart must clearly indicate that the client met with a benefit specialist. Notes should include the final disposition of the clients received benefits. Data elements will be included in report to DHSP collected as part of reporting requirements.
6	Conduct initial medical visit	<ul style="list-style-type: none"> • Conduct clinical assessment and physical exam • Order HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) laboratory tests • Assess indication for PrEP • PrEP education regarding risks and benefits, signs of acute HIV seroconversion, adherence • Conduct risk screening, substance use and mental health needs assessment • Provide referrals as necessary 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
7	Conduct initial non-medical visit	<ul style="list-style-type: none"> • Provide PrEP education regarding adherence, missed dose protocols, side effects, and symptoms of seroconversion* • Assist, as necessary, patient in getting medication • Schedule follow-up phone calls, appointment reminders • Follow up with linkages to services based on initial or subsequent needs assessments 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
8	Conduct follow-up medical visit	<ul style="list-style-type: none"> • Conduct laboratory testing: • HIV/STD/Creatinine/Urine Pregnancy testing • STD treatment, if necessary • Conduct an adherence assessment and targeted counseling* • Discuss need and desire to continue PrEP • Risk screening, substance use and mental health needs assessment with referral to referral services 	Medical Provider	Documentation in the client's chart must clearly indicate a follow-up medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
9	Conduct follow up non-medical visit	<ul style="list-style-type: none"> • Provide PrEP education regarding adherence, conduct missed dose protocols, discuss side effects, explain symptoms of seroconversion* • Follow-up phone calls, appointment reminders • Follow-up with linkages to services based on initial or subsequent needs assessments 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a follow-up non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the clients chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
10	Provide STD treatment	<ul style="list-style-type: none"> Provide a brief visit for STD treatment (after positive screening) if needed in between follow-up appointments 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
11	Conduct vaccination administration	<ul style="list-style-type: none"> Provide a brief visit for administration of vaccines such as Hepatitis A/B, HPV, and Meningococcal (as indicated) 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key element of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
12	Conduct medication assistance program (MAP) follow-up	<ul style="list-style-type: none"> Coordinate medication refills and complete paperwork for MAP and patient assistance programs as necessary Ensure medication pick up for clients on medication assistance programs 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that a MAP follow up occurred and detail if the client received the medication. Data elements will be included in report to DHSP collected as part of reporting requirements.
13	Conduct program reassessment	<ul style="list-style-type: none"> Reassess each client at six months to determine ongoing need for PrEP and conduct insurance assessment, as needed Ensure that uninsured or under insured receive benefits navigation services Address any outstanding needs and referrals and refer to referral services, as necessary If insured but not a match to clinics' covered plans, or other referral needs, refer to Linkage Navigation 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate that a six-month program assessment was conducted. The notes should clearly indicate the ongoing need for PrEP and how the decision was made. Any coordination with benefits navigation or other referrals should be clearly documented and should include the final disposition if necessary. Data elements will be included in report to DHSP collected as part of reporting requirements.
14	Conduct referrals and linkage to primary care	<ul style="list-style-type: none"> Assess and refer as needed to <ul style="list-style-type: none"> appropriate PrEP provider covered by client's insurance 	Biomedical Prevention Coordinator	Documentation in the client's chart that clearly indicates if the client was referred to another medical provider. Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Create individual transition plan with client, which includes identifying their primary care provider (PCP) or helping them identify a new one in their plan; Obtain medical release of information Assist client, as needed, with scheduling appointment and transfer of appropriate medical information to client or provider Send referral packet to PCP 		in the client's record. Documentation should clearly demonstrate that the coordinator assisted the client in making the appointment and that appropriate documentation was provided to the client and/or the client's new provider as appropriate.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 29, 2017 through September 30, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
1	Conduct a risk behavior screening and provide a brief intervention	<ul style="list-style-type: none"> Identify clients who are potential PrEP candidates Conduct a brief intervention to raise client's awareness of their risk and motivate behavior change* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a risk behavior screening and a brief intervention was conducted. Data elements will be included in report to DHSP collected as part of reporting requirements.
2	Conduct a program intake and assessment with clients who are PrEP candidates	<ul style="list-style-type: none"> Introduce program and perform insurance screening If client is uninsured, refer to benefits navigation If client is insured but not a match to clinics' covered plans discuss options with client and refer to benefits navigation if necessary Conduct basic needs assessment* Refer clients to referral services 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate a program intake and assessment was conducted. Documentation should include all referrals that were provided. If client is not a match for the clinics covered plans, a note should be made indicating the disposition of the client. Data elements will be included in report to DHSP collected as part of reporting requirements.
3	Provide HIV prevention education	<ul style="list-style-type: none"> Provide basic PrEP education including the pros and cons of PrEP* Provide basic PEP education including the pros and cons of PEP* Discuss other HIV prevention options (e.g. condoms, HIV screening, etc.)* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that PrEP and PEP education was provided to the client and clearly document what other HIV prevention options were discussed. Data elements will be included in report to DHSP collected as part of reporting requirements.
4	Provide referral to services	<ul style="list-style-type: none"> Conduct referrals as needed based on the assessment conducted at program intake. Referrals include but are not limited to: mental health and substance abuse services, other prevention services such as partner services and syringe exchange, and general social services Every effort should be made to ensure that the client was successfully linked to services* 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate which referrals were provided based on the client assessment. Documentation must clearly indicate efforts made to ensure that client was successfully linked to referral. A successful linkage will be indicated by evidence client went to referral appointment. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 29, 2017 through September 30, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
5	Provide benefits navigation and enrollment	<ul style="list-style-type: none"> • Provide education about the benefits that a client may be eligible for and/or explain how best to use the benefits a client already has* • Ensure that uninsured or under insured clients who express interest in PrEP get appropriate health insurance coverage • If necessary, enroll eligible clients in Medi-Cal or Affordable Care Act (ACA) insurance through Covered California • For clients with ACA coverage that does not cover PrEP appropriately, discuss future changes to coverage • Enroll eligible clients in manufacturer's medication assistance programs (MAPs) and co-payment assistance programs 	Benefits Specialist	Documentation in the client's chart must clearly indicate that the client met with a benefit specialist. Notes should include the final disposition of the clients received benefits. Data elements will be included in report to DHSP collected as part of reporting requirements.
6	Conduct initial medical visit	<ul style="list-style-type: none"> • Conduct clinical assessment and physical exam • Order HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) laboratory tests • Assess indication for PrEP • PrEP education regarding risks and benefits, signs of acute HIV seroconversion, adherence • Conduct risk screening, substance use and mental health needs assessment • Provide referrals as necessary 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
7	Conduct initial non-medical visit	<ul style="list-style-type: none"> • Provide PrEP education regarding adherence, missed dose protocols, 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 29, 2017 through September 30, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		side effects, and symptoms of seroconversion* <ul style="list-style-type: none"> Assist, as necessary, patient in getting medication Schedule follow-up phone calls, appointment reminders Follow up with linkages to services based on initial or subsequent needs assessments 		client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
8	Conduct follow-up medical visit	<ul style="list-style-type: none"> Conduct laboratory testing: HIV/STD/Creatinine/Urine Pregnancy testing STD treatment, if necessary Conduct an adherence assessment and targeted counseling* Discuss need and desire to continue PrEP Risk screening, substance use and mental health needs assessment with referral to referral services 	Medical Provider	Documentation in the client's chart must clearly indicate a follow-up medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
9	Conduct follow up non-medical visit	<ul style="list-style-type: none"> Provide PrEP education regarding adherence, conduct missed dose protocols, discuss side effects, explain symptoms of seroconversion* Follow-up phone calls, appointment reminders Follow-up with linkages to services based on initial or subsequent needs assessments 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a follow-up non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the clients chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services
Term: September 29, 2017 through September 30, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
10	Provide STD treatment	<ul style="list-style-type: none"> Provide a brief visit for STD treatment (after positive screening) if needed in between follow-up appointments 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
11	Conduct vaccination administration	<ul style="list-style-type: none"> Provide a brief visit for administration of vaccines such as Hepatitis A/B, HPV, and Meningococcal (as indicated) 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key element of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
12	Conduct medication assistance program (MAP) follow-up	<ul style="list-style-type: none"> Coordinate medication refills and complete paperwork for MAP and patient assistance programs as necessary Ensure medication pick up for clients on medication assistance programs 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that a MAP follow up occurred and detail if the client received the medication. Data elements will be included in report to DHSP collected as part of reporting requirements.
13	Conduct program reassessment	<ul style="list-style-type: none"> Reassess each client at six months to determine ongoing need for PrEP and conduct insurance assessment, as needed Ensure that uninsured or under insured receive benefits navigation services Address any outstanding needs and referrals and refer to referral services, as necessary If insured but not a match to clinics' covered plans, or other referral needs, refer to Linkage Navigation 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate that a six-month program assessment was conducted. The notes should clearly indicate the ongoing need for PrEP and how the decision was made. Any coordination with benefits navigation or other referrals should be clearly documented and should include the final disposition if necessary. Data elements will be included in report to DHSP collected as part of reporting requirements.
14	Conduct referrals and linkage to primary care	<ul style="list-style-type: none"> Assess and refer as needed to <ul style="list-style-type: none"> appropriate PrEP provider covered by client's insurance 	Biomedical Prevention Coordinator	Documentation in the client's chart that clearly indicates if the client was referred to another medical provider. Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PrEP)

Biomedical HIV Prevention Services

Term: September 29, 2017 through September 30, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Create individual transition plan with client, which includes identifying their primary care provider (PCP) or helping them identify a new one in their plan; Obtain medical release of information Assist client, as needed, with scheduling appointment and transfer of appropriate medical information to client or provider Send referral packet to PCP 		in the client's record. Documentation should clearly demonstrate that the coordinator assisted the client in making the appointment and that appropriate documentation was provided to the client and/or the client's new provider as appropriate.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
1	Conduct a risk behavior screening and provide a brief intervention	<ul style="list-style-type: none"> Identify patients with high risk exposure in past 72 hours for expedited evaluation Engage other clinical staff to expedite visit and ensure receipt of medication as soon as possible <p>Conduct a brief intervention to raise client's awareness of their risk and motivate behavior change*</p>	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that a risk behavior screening and a brief intervention were conducted. Data elements will be included in report to DHSP collected as part of reporting requirements.
2	Conduct a program intake and assessment with clients who are PEP candidates	<ul style="list-style-type: none"> Introduce program and perform insurance screening* If client is uninsured, refer for Benefits Navigation If client is insured but not a match to clinics' covered plans or other referral needs, refer to service element Referral and Linkage to Primary Care 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate a program intake and assessment was conducted. Documentation should include all referrals that were provided. If client is not a match for the clinics covered insurance plans, a note should be made indicating the disposition of the client. Data elements will be included in report to DHSP collected as part of reporting requirements.
3	Provide HIV prevention education	<ul style="list-style-type: none"> Provide basic PEP education including the pros and cons of PEP* If indicated provide basic PrEP education including the pros and cons of PrEP* Discuss other HIV prevention options (e.g. condoms, HIV screening, etc.)* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that PEP and PrEP education was provided to the client and clearly document what other HIV prevention options were discussed. Data elements will be included in report to DHSP collected as part of reporting requirements.
4	Provide referral to services	<ul style="list-style-type: none"> Conduct referrals as needed based on the assessment conducted at program intake Referrals include but are not limited to: mental health and substance abuse services, other prevention services such as partner services and syringe 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate which service referrals were provided based on the client assessment. Documentation must clearly indicate efforts made to ensure that the client was successfully linked to those services. A successful linkage will be indicated by evidence that client went to referral appointment. Data elements will be included in report to DHSP collected as part of reporting requirements.

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SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		exchange and, general social services. • Every effort should be made to ensure that the client was successfully linked to services*		
5	Provide benefits navigation and enrollment	• Provide education about the benefits that client may be eligible for and/or explain how best to use the benefits a client already has* • Ensure that uninsured or under insured clients who express interest in services get appropriate health insurance coverage • If necessary, enroll client in Medi-Cal or Affordable Care Act (ACA) insurance through Covered California • For clients with ACA coverage that does not cover PrEP appropriately, discuss future changes to coverage • If necessary, enroll client in manufacturer's MAPs and co-payment assistance program	Benefits Specialist	Documentation in the client's chart must clearly indicate that the client met with a benefits specialist, the nature of the information shared, and any actions taken, such as submitting an application. Notes should include the final disposition of the clients received benefits. Data elements will be included in report to DHSP collected as part of reporting requirements.
6	Conduct initial medical visit	• Clinical assessment and Physical Exam • HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) • PEP education regarding risks and benefits, signs of acute HIV, adherence • Assess potential need for PEP • Risk screening, substance use and mental health needs assessment • Provide referrals if necessary	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Provide a PEP starter pack if medication cannot be obtained in a timely manner using insurance or MAP Assess potential need for PrEP in the future 		
7	Conduct initial non-medical visit	<ul style="list-style-type: none"> PEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion* Schedule follow-up phone calls, appointment reminders Referral to services based on needs assessment such as substance use treatment, mental health Provide PrEP education* Follow-up phone calls, appointment reminders 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the clients chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
8	Provide STD treatment	<ul style="list-style-type: none"> Include brief visits for STD treatment (after positive screening) if needed between follow-up appointments 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
9	Conduct vaccination administration	<ul style="list-style-type: none"> Hepatitis A/B, HPV, and Meningococcal (as indicated) 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
10	Conduct follow-up medical visit (30 day)	<ul style="list-style-type: none"> Conduct laboratory testing: <ul style="list-style-type: none"> HIV/STD/Creatinine/Urine Pregnancy test STD treatment, if necessary Discuss desire and need to start PrEP, if appropriate 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key element of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

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SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: Date of Board approval through September 29, 2016
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Risk screening, substance use and mental health needs assessment 		
11	Conduct follow-up visit (90 day)	<ul style="list-style-type: none"> Conduct HIV and STD screening and assess for possible interest in PrEP 	Medical Provider	Documentation in the client's chart must clearly indicate a follow-up medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
12	Conduct program reassessment (90 days)	<ul style="list-style-type: none"> Each client will be reassessed at 90 days to determine ongoing need for PrEP and insurance screening If uninsured, underinsured or not eligible for services at providers clinic, refer to benefits navigation 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate that a 90 day program assessment was conducted. The notes should clearly indicate any ongoing need for PrEP and how the decision was made. Any benefits navigation should be clearly documented and should include the final disposition of benefits, if necessary. Data elements will be included in report to DHSP collected as part of reporting requirements.
13	Conduct referral and linkage to primary care	<ul style="list-style-type: none"> Assess needs and refer, as needed, to a PrEP provider covered by insurance Create individualized transition plan with client, which includes identifying their primary care provider (PCP) or helping them identify a new one in their plan Obtain medical release of information Assist patient, as needed, with scheduling appointment Send referral packet to PCP 	Biomedical Prevention Coordinator	Documentation in the client's chart that clearly indicates if the client was referred to another medical provider. Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed in the client's record. Documentation should clearly demonstrate that the coordinator assisted the client in making the appointment and that appropriate documentation was provided to the client and/or the client's new provider if appropriate.
14	Successful linkage to primary care	<ul style="list-style-type: none"> Link client to primary care 	Biomedical Prevention Navigator	Documentation must clearly demonstrate that client was successfully linked to primary care. Successful linkage is defined as the client making at least one visit with primary care provider. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
1	Conduct a risk behavior screening and provide a brief intervention	<ul style="list-style-type: none"> Identify patients with high risk exposure in past 72 hours for expedited evaluation Engage other clinical staff to expedite visit and ensure receipt of medication as soon as possible <p>Conduct a brief intervention to raise client's awareness of their risk and motivate behavior change*</p>	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that a risk behavior screening and a brief intervention were conducted. Data elements will be included in report to DHSP collected as part of reporting requirements.
2	Conduct a program intake and assessment with clients who are PEP candidates	<ul style="list-style-type: none"> Introduce program and perform insurance screening* If client is uninsured, refer for Benefits Navigation If client is insured but not a match to clinics' covered plans or other referral needs, refer to service element Referral and Linkage to Primary Care 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate a program intake and assessment was conducted. Documentation should include all referrals that were provided. If client is not a match for the clinics covered insurance plans, a note should be made indicating the disposition of the client. Data elements will be included in report to DHSP collected as part of reporting requirements.
3	Provide HIV prevention education	<ul style="list-style-type: none"> Provide basic PEP education including the pros and cons of PEP* If indicated provide basic PrEP education including the pros and cons of PrEP* Discuss other HIV prevention options (e.g. condoms, HIV screening, etc.)* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that PEP and PrEP education was provided to the client and clearly document what other HIV prevention options were discussed. Data elements will be included in report to DHSP collected as part of reporting requirements.
4	Provide referral to services	<ul style="list-style-type: none"> Conduct referrals as needed based on the assessment conducted at program intake Referrals include but are not limited to: mental health and substance abuse services, other prevention services such as partner services and syringe 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate which service referrals were provided based on the client assessment. Documentation must clearly indicate efforts made to ensure that the client was successfully linked to those services. A successful linkage will be indicated by evidence that client went to referral appointment. Data elements will be included in report to DHSP collected as part of reporting requirements.

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SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		exchange and, general social services. <ul style="list-style-type: none"> • Every effort should be made to ensure that the client was successfully linked to services* 		
5	Provide benefits navigation and enrollment	<ul style="list-style-type: none"> • Provide education about the benefits that client may be eligible for and/or explain how best to use the benefits a client already has* • Ensure that uninsured or under insured clients who express interest in services get appropriate health insurance coverage • If necessary, enroll client in Medi-Cal or Affordable Care Act (ACA) insurance through Covered California • For clients with ACA coverage that does not cover PrEP appropriately, discuss future changes to coverage • If necessary, enroll client in manufacturer's MAPs and co-payment assistance program 	Benefits Specialist	Documentation in the client's chart must clearly indicate that the client met with a benefits specialist, the nature of the information shared, and any actions taken, such as submitting an application. Notes should include the final disposition of the clients received benefits. Data elements will be included in report to DHSP collected as part of reporting requirements.
6	Conduct initial medical visit	<ul style="list-style-type: none"> • Clinical assessment and Physical Exam • HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) • PEP education regarding risks and benefits, signs of acute HIV, adherence • Assess potential need for PEP • Risk screening, substance use and mental health needs assessment • Provide referrals if necessary 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Provide a PEP starter pack if medication cannot be obtained in a timely manner using insurance or MAP Assess potential need for PrEP in the future 		
7	Conduct initial non-medical visit	<ul style="list-style-type: none"> PEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion* Schedule follow-up phone calls, appointment reminders Referral to services based on needs assessment such as substance use treatment, mental health Provide PrEP education* Follow-up phone calls, appointment reminders 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the clients chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
8	Provide STD treatment	<ul style="list-style-type: none"> Include brief visits for STD treatment (after positive screening) if needed between follow-up appointments 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
9	Conduct vaccination administration	<ul style="list-style-type: none"> Hepatitis A/B, HPV, and Meningococcal (as indicated) 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
10	Conduct follow-up medical visit (30 day)	<ul style="list-style-type: none"> Conduct laboratory testing: <ul style="list-style-type: none"> HIV/STD/Creatinine/Urine Pregnancy test STD treatment, if necessary Discuss desire and need to start PrEP, if appropriate 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key element of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

*Indicates protocols, interventions, education materials, program forms, etc., that may require prior approval from DHSP before use. Material Requirements can be found at: <http://publichealth.lacounty.gov/dhsp/InfoForContractors.htm>

SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: September 30, 2016 through September 29, 2017
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Risk screening, substance use and mental health needs assessment 		
11	Conduct follow-up visit (90 day)	<ul style="list-style-type: none"> Conduct HIV and STD screening and assess for possible interest in PrEP 	Medical Provider	Documentation in the client's chart must clearly indicate a follow-up medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
12	Conduct program reassessment (90 days)	<ul style="list-style-type: none"> Each client will be reassessed at 90 days to determine ongoing need for PrEP and insurance screening If uninsured, underinsured or not eligible for services at providers clinic, refer to benefits navigation 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate that a 90 day program assessment was conducted. The notes should clearly indicate any ongoing need for PrEP and how the decision was made. Any benefits navigation should be clearly documented and should include the final disposition of benefits, if necessary. Data elements will be included in report to DHSP collected as part of reporting requirements.
13	Conduct referral and linkage to primary care	<ul style="list-style-type: none"> Assess needs and refer, as needed, to a PrEP provider covered by insurance Create individualized transition plan with client, which includes identifying their primary care provider (PCP) or helping them identify a new one in their plan Obtain medical release of information Assist patient, as needed, with scheduling appointment Send referral packet to PCP 	Biomedical Prevention Coordinator	Documentation in the client's chart that clearly indicates if the client was referred to another medical provider. Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed in the client's record. Documentation should clearly demonstrate that the coordinator assisted the client in making the appointment and that appropriate documentation was provided to the client and/or the client's new provider if appropriate.
14	Successful linkage to primary care	<ul style="list-style-type: none"> Link client to primary care 	Biomedical Prevention Navigator	Documentation must clearly demonstrate that client was successfully linked to primary care. Successful linkage is defined as the client making at least one visit with primary care provider. Data elements will be included in report to DHSP collected as part of reporting requirements.

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SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: September 30, 2017 through September 29, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
1	Conduct a risk behavior screening and provide a brief intervention	<ul style="list-style-type: none"> Identify patients with high risk exposure in past 72 hours for expedited evaluation Engage other clinical staff to expedite visit and ensure receipt of medication as soon as possible Conduct a brief intervention to raise client's awareness of their risk and motivate behavior change*	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that a risk behavior screening and a brief intervention were conducted. Data elements will be included in report to DHSP collected as part of reporting requirements.
2	Conduct a program intake and assessment with clients who are PEP candidates	<ul style="list-style-type: none"> Introduce program and perform insurance screening* If client is uninsured, refer for Benefits Navigation If client is insured but not a match to clinics' covered plans or other referral needs, refer to service element Referral and Linkage to Primary Care 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate a program intake and assessment was conducted. Documentation should include all referrals that were provided. If client is not a match for the clinics covered insurance plans, a note should be made indicating the disposition of the client. Data elements will be included in report to DHSP collected as part of reporting requirements.
3	Provide HIV prevention education	<ul style="list-style-type: none"> Provide basic PEP education including the pros and cons of PEP* If indicated provide basic PrEP education including the pros and cons of PrEP* Discuss other HIV prevention options (e.g. condoms, HIV screening, etc.)* 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate that PEP and PrEP education was provided to the client and clearly document what other HIV prevention options were discussed. Data elements will be included in report to DHSP collected as part of reporting requirements.
4	Provide referral to services	<ul style="list-style-type: none"> Conduct referrals as needed based on the assessment conducted at program intake Referrals include but are not limited to: mental health and substance abuse services, other prevention services such as partner services and syringe 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate which service referrals were provided based on the client assessment. Documentation must clearly indicate efforts made to ensure that the client was successfully linked to those services. A successful linkage will be indicated by evidence that client went to referral appointment. Data elements will be included in report to DHSP collected as part of reporting requirements.

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SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: September 30, 2017 through September 29, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> exchange and, general social services. • Every effort should be made to ensure that the client was successfully linked to services* 		
5	Provide benefits navigation and enrollment	<ul style="list-style-type: none"> • Provide education about the benefits that client may be eligible for and/or explain how best to use the benefits a client already has* • Ensure that uninsured or under insured clients who express interest in services get appropriate health insurance coverage • If necessary, enroll client in Medi-Cal or Affordable Care Act (ACA) insurance through Covered California • For clients with ACA coverage that does not cover PrEP appropriately, discuss future changes to coverage • If necessary, enroll client in manufacturer's MAPs and co-payment assistance program 	Benefits Specialist	Documentation in the client's chart must clearly indicate that the client met with a benefits specialist, the nature of the information shared, and any actions taken, such as submitting an application. Notes should include the final disposition of the clients received benefits. Data elements will be included in report to DHSP collected as part of reporting requirements.
6	Conduct initial medical visit	<ul style="list-style-type: none"> • Clinical assessment and Physical Exam • HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) • PEP education regarding risks and benefits, signs of acute HIV, adherence • Assess potential need for PEP • Risk screening, substance use and mental health needs assessment • Provide referrals if necessary 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

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SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: September 30, 2017 through September 29, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Provide a PEP starter pack if medication cannot be obtained in a timely manner using insurance or MAP Assess potential need for PrEP in the future 		
7	Conduct initial non-medical visit	<ul style="list-style-type: none"> PEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion* Schedule follow-up phone calls, appointment reminders Referral to services based on needs assessment such as substance use treatment, mental health Provide PrEP education* Follow-up phone calls, appointment reminders 	Biomedical Prevention Navigator	Documentation in the client's chart must clearly indicate a non-medical visit was conducted. Client's chart must clearly indicate what elements were discussed with the client and any phone calls that were made to reach the client. Any linkage to services must also be clearly detailed in the clients chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
8	Provide STD treatment	<ul style="list-style-type: none"> Include brief visits for STD treatment (after positive screening) if needed between follow-up appointments 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
9	Conduct vaccination administration	<ul style="list-style-type: none"> Hepatitis A/B, HPV, and Meningococcal (as indicated) 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
10	Conduct follow-up medical visit (30 day)	<ul style="list-style-type: none"> Conduct laboratory testing: <ul style="list-style-type: none"> HIV/STD/Creatinine/Urine Pregnancy test STD treatment, if necessary Discuss desire and need to start PrEP, if appropriate 	Medical Provider	Documentation in the client's chart must clearly indicate a medical visit was conducted. Key element of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.

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SCOPE OF WORK (PEP)

Biomedical HIV Prevention Services

Term: September 30, 2017 through September 29, 2018
(Contractor Name)

Objective: Provide biomedical prevention services to XXXX clients in SPA ____

TASK	SERVICE ELEMENTS	IMPLEMENTATION ACTIVITIES	RESPONSIBLE STAFF	METHOD(S) OF EVALUATION AND DOCUMENTATION
		<ul style="list-style-type: none"> Risk screening, substance use and mental health needs assessment 		
11	Conduct follow-up visit (90 day)	<ul style="list-style-type: none"> Conduct HIV and STD screening and assess for possible interest in PrEP 	Medical Provider	Documentation in the client's chart must clearly indicate a follow-up medical visit was conducted. Key elements of the medical visit must be clearly documented in the client's chart. Data elements will be included in report to DHSP collected as part of reporting requirements.
12	Conduct program reassessment (90 days)	<ul style="list-style-type: none"> Each client will be reassessed at 90 days to determine ongoing need for PrEP and insurance screening If uninsured, underinsured or not eligible for services at providers clinic, refer to benefits navigation 	Biomedical Prevention Coordinator	Documentation in the client's chart must clearly indicate that a 90 day program assessment was conducted. The notes should clearly indicate any ongoing need for PrEP and how the decision was made. Any benefits navigation should be clearly documented and should include the final disposition of benefits, if necessary. Data elements will be included in report to DHSP collected as part of reporting requirements.
13	Conduct referral and linkage to primary care	<ul style="list-style-type: none"> Assess needs and refer, as needed, to a PrEP provider covered by insurance Create individualized transition plan with client, which includes identifying their primary care provider (PCP) or helping them identify a new one in their plan Obtain medical release of information Assist patient, as needed, with scheduling appointment Send referral packet to PCP 	Biomedical Prevention Coordinator	Documentation in the client's chart that clearly indicates if the client was referred to another medical provider. Documentation must include a notation that a transition plan was developed and provided to the client. If appropriate, a signed medical release should be placed in the client's record. Documentation should clearly demonstrate that the coordinator assisted the client in making the appointment and that appropriate documentation was provided to the client and/or the client's new provider if appropriate.
14	Successful linkage to primary care	<ul style="list-style-type: none"> Link client to primary care 	Biomedical Prevention Navigator	Documentation must clearly demonstrate that client was successfully linked to primary care. Successful linkage is defined as the client making at least one visit with primary care provider. Data elements will be included in report to DHSP collected as part of reporting requirements.

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ATTACHMENT C

AGENCY NAME

BIOMEDICAL HIV PREVENTION SERVICES

**PRE-EXPOSURE PROPHYLAXIS (PrEP) AND
POST-EXPOSURE PROPHYLAXIS (PEP)**

C-1 Pricing Sheet for PrEP and PEP Service Elements

C-2 Schedules 1 – 13

Date of Board approval through September 29, 2016

Schedule 1:	PrEP Fee for Service Type
Schedule 2:	PrEP Biomedical Operating Expenses
Schedule 3:	PEP Fee for Service Type
Schedule 4:	PEP Biomedical Operating Expenses

September 30, 2016 through September 29, 2017

Schedule 5:	Electronic Data Interchange (one-time use)
Schedule 6:	PrEP Fee for Service Type
Schedule 7:	PrEP Biomedical Operating Expenses
Schedule 8:	PEP Fee for Service Type
Schedule 9:	PEP Biomedical Operating Expenses

September 30, 2017 through September 29, 2018

Schedule 10:	PrEP Fee for Service Type
Schedule 11:	PrEP Biomedical Operating Expenses
Schedule 12:	PEP Fee for Service Type
Schedule 13:	PEP Biomedical Operating Expenses

**BIOMEDICAL HIV PREVENTION SERVICES
PRICING SHEET FOR PrEP SERVICE ELEMENTS**

PrEP Service Element	Eligible Clients	Staff Level	Time/FFS Rate	Frequency/timing
1. Risk behavior screening and Brief Intervention <ul style="list-style-type: none"> - Identify patients who are potential PrEP candidates - Raise client's awareness of their risk and motivating behavior change 	Any insurance status	BP Navigator	15 min \$14.37	Once annually
2. Program Intake and Assessment <ul style="list-style-type: none"> - Introduce program and perform insurance screening - If uninsured, refer for Benefits Navigation - If insured but not a match to clinics' covered plans, or other referral needs, refer to Referral and Linkage to Primary Care 	Any insurance status	BP Coordinator	15 min \$17.98	Once
3. Combination Prevention Education <ul style="list-style-type: none"> - Basic PrEP/PEP education, pros and cons of PrEP/PEP, what it entails, other HIV prevention options 	Any insurance status	BP Navigator	15 min \$14.37	Once annually
4a. Referral to Services <ul style="list-style-type: none"> - Assist with referrals as needed to the following: mental health and substance abuse services, and general social services - Referrals to other prevention services, including syringe exchange, substance abuse counseling and treatment 	Any insurance status	BP Coordinator	45 min \$53.94	Up to three times annually
4b. Referral and Linkage to Primary Care <ul style="list-style-type: none"> - Assess needs and refer as needed - Refer to appropriate PrEP provider covered by insurance - Create individualized transition plan with patient, which includes identifying their PCP or helping them identify a new one in their plan - Obtain medical release of information - Assist patient, as needed, with scheduling appointment - Send referral packet to PCP 	Any insurance status	BP Coordinator	45 min \$53.94	Up to three times annually
5. Benefits Navigation <ul style="list-style-type: none"> - Provide education about benefits that patient may be eligible for - Ensure clients who express interest in PrEP can get health insurance coverage - Enrollment in medication assistance (MAP) and co-payment assistance programs 	Any insurance status	Benefits Specialist	30 min \$22.62	Up to twice annually
6. Benefits Enrollment <ul style="list-style-type: none"> - Enroll eligible clients in Covered California - Assist patients with Medi-Cal application 	Any insurance status	Benefits Specialist	60 min \$45.24	Up to twice annually
7. Initial Medical Visit <ul style="list-style-type: none"> - Clinical assessment and Physical Exam - HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) - Assess need for PrEP - Adherence assessment and targeted counseling - Risk screening, substance use and mental health needs assessment 	Uninsured/underinsured only	Medical Provider	60 min \$190.32	Once
8. Initial Non-Medical Visit <ul style="list-style-type: none"> - PrEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion - Follow-up phone calls, appointment reminders - Linkage to Services based on needs such as substance use treatment, mental health referrals 	Any insurance status	BP Navigator	30 min \$28.74	Once
9. Laboratory Testing* <ul style="list-style-type: none"> - HIV/STD/Hepatitis screening - Serum Creatinine - Other safety labs (as needed) - Urine pregnancy (if applicable) 	Uninsured/underinsured only	N/A	N/A	As indicated
10. STD Treatment** <ul style="list-style-type: none"> - Includes brief visit(s) for STD treatment (after positive screening only) if needed in between Follow-up Medical Visit appointments 	Uninsured/underinsured only	Medical Provider	30 min \$95.16	As indicated
11. Vaccination Administration** <ul style="list-style-type: none"> - Hepatitis A/B, HPV, Meningococcal (as indicated) 	Uninsured/underinsured only	Medical Provider	15 min \$47.58	As indicated
12. Follow-up Medical Visit <ul style="list-style-type: none"> - HIV/STD/Creatinine/Urine Pregnancy - STD treatment - Discuss need and desire to continue PrEP - Adherence assessment and targeted counseling - Risk screening, substance use and mental health needs assessment 	Uninsured/underinsured only	Medical Provider	60 min \$190.32	Up to five times annually
13. Follow-up Non-medical Visit <ul style="list-style-type: none"> - PrEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion - Follow-up phone calls, appointment reminders - Linkage to Services based on needs such as substance use treatment, mental health referrals 	Any insurance status	BP Navigator	30 min \$28.74	Up to five times annually
14. Follow-up <ul style="list-style-type: none"> - Coordinate medication refills and medication pick up for patients on medication assistance programs 	Uninsured/underinsured only	BP Navigator	30 min \$28.74	Up to four times annually
15. Program Reassessment <ul style="list-style-type: none"> - Each client will be reassessed at six months to determine ongoing need for PrEP and insurance screening - If uninsured, refer for Benefits Navigation - If insured but not a match to clinics' covered plans, or other referral needs, refer to Linkage Navigation 	Any insurance status	BP Coordinator	15 min \$17.98	Every six months

**BIOMEDICAL HIV PREVENTION SERVICES
PRICING SHEET FOR PEP SERVICE ELEMENTS**

PEP Service Element	Eligible Clients*	Staff Level	Time/FFS Rate	Frequency/timing
1. Risk behavior screening and Brief Intervention <ul style="list-style-type: none"> - Identify patients with high risk exposure in past 72 hours for expedited evaluation - Engage other clinical staff to expedite visit and medication 	Any insurance status	BP Navigator	15 min \$14.37	Up to twice annually
2. Program Intake and Assessment <ul style="list-style-type: none"> - Introduce program and perform insurance screening - If uninsured, refer for Benefits Navigation - If insured but not a match to clinics' covered plans, or other referral needs, refer to Referral and Linkage to Primary Care 	Any insurance status	BP Coordinator	15 min \$17.98	Up to twice annually
3. Combination Prevention Education <ul style="list-style-type: none"> - Basic PEP/PrEP education, pros and cons of PEP/PrEP, what it entails, other HIV prevention options 	Any insurance status	BP Navigator	15 min \$14.37	Up to twice annually
4a. Referral to Services <ul style="list-style-type: none"> - Assist with referrals as needed to the following: mental health and substance abuse services, and general social services - Refer for other prevention services, including syringe exchange, substance abuse counseling and treatment. 	Any insurance status	BP Coordinator	45 min \$53.94	Up to twice annually
4b. Referral and Linkage to Primary Care <ul style="list-style-type: none"> - Assess needs and refer as needed - Refer to appropriate PEP/PrEP provider covered by insurance - Create individualized transition plan with patient, which includes identifying their PCP or helping them identify a new one in their plan - Obtain medical release of information - Assist patient, as needed, with scheduling appointment - Send referral packet to PCP 	Any insurance status	BP Coordinator	45 min \$53.94	Up to three times annually
4c. Successful Linkage to Primary Care <ul style="list-style-type: none"> - Documentation of patient linkage with primary care provider for one visit 	Any insurance status	BP Navigator	\$50	Once
5. Benefits Navigation <ul style="list-style-type: none"> - Provide education about potential benefits that patient may be eligible for - Ensure clients who need PEP can get health insurance coverage - Enrollment in medication assistance (MAP) and co-payment assistance programs 	Any insurance status	Benefits Specialist	30 min \$22.62	Up to twice annually
6. Benefits Enrollment <ul style="list-style-type: none"> - Enroll eligible clients in Covered California - Assist clients with Medi-Cal application 	Any insurance status	Benefits Specialist	60 min \$45.24	Up to twice annually
7. Initial Medical Visit <ul style="list-style-type: none"> - Clinical assessment and Physical Exam - HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) - Assess need for PrEP - Adherence assessment and targeted counseling - Risk screening, substance use and mental health needs assessment 	Uninsured/under insured only	Medical Provider	60 min \$190.32	Up to twice annually
8. Initial Non-Medical Visit <ul style="list-style-type: none"> - PEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion - Follow-up phone calls, appointment reminders - Linkage to Services based on needs such as substance use treatment, mental health referrals 	Any insurance status	BP Navigator	30 min \$28.74	Up to twice annually
9. PEP Starter Pack**	Any insurance status	N/A	N/A	As needed**
10. Laboratory Testing* <ul style="list-style-type: none"> - HIV/STD/Hepatitis screening - Serum Creatinine - Other safety labs (as needed) - Urine pregnancy (if applicable) 	Uninsured/under insured only	N/A	N/A	As indicated*
11. STD Treatment** <ul style="list-style-type: none"> - Includes brief visit(s) for STD treatment (after positive screening only) if needed in between initial and follow-up medical visits 	Uninsured/under insured only	Medical Provider	30 min \$95.16	As indicated
12. Vaccination Administration** <ul style="list-style-type: none"> - Hepatitis A/B, HPV, Meningococcal (as indicated) 	Uninsured/under insured only	Medical Provider	15 min \$47.58	As indicated
13. Follow-up Medical Visit (30 day) Conduct laboratory testing and assess for possible offer of PrEP <ul style="list-style-type: none"> - HIV/STD/Creatinine/Urine Pregnancy - STD treatment - Discuss need and desire to start PrEP - Risk screening, substance use and mental health needs assessment 	Uninsured/under insured only	Medical Provider	30 min \$95.16	Up to twice annually
14. Follow-up Medical Visit (90 day) <ul style="list-style-type: none"> - Conduct HIV/STD testing and assess for possible offer of PrEP 	Uninsured/under insured only	Medical Provider	30 min \$95.16	Up to twice annually
15. Program Reassessment (90 days) <ul style="list-style-type: none"> - Each client will be reassessed at three months to determine need for PrEP and insurance screening - If uninsured, refer for Benefits Navigation - If insured but not a match to clinics' covered plans, or other referral needs, refer to Linkage Navigation 	Any insurance status	BP Coordinator	15 min \$17.98	Up to twice annually

*Laboratory costs are billable through line item

**Vaccine costs, medications for STD treatment, and PEP starter pack (7 day supply) are billable through the Pharmacy line item.

SCHEDULE 1

AGENCY NAME

BIOMEDICAL HIV PREVENTION SERVICES
PrEP

Budget Period
Date of Board approval
Through
September 29, 2016

FEE-FOR-SERVICE TYPE	AMOUNT
* PRE-EXPOSURE PROPHYLAXIS (PREP)	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule.

*See Attachment C-1, Pricing Sheet for rate and frequency of service elements.

SCHEDULE 2

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PrEP**

Budget Period
Date of Board approval
Through
September 29, 2016

PREP BIOMEDICAL OPERATING EXPENSES	AMOUNT
Laboratory	\$0
Medications	\$0
Vaccines	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule. Any variation to the line-item budgeted amount must be executed through a written Change Notice, executed by the Division of HIV and STD Programs' Director and the Contractor.

SCHEDULE 3

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PEP**

Budget Period
Date of Board approval
Through
September 29, 2016

FEE-FOR SERVICE TYPE	AMOUNT
* POST-EXPOSURE PROPHYLAXIS (PEP)	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule.

*See Attachment C-1, Pricing Sheet for rate and frequency of service elements.

SCHEDULE 4

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PEP**

Budget Period
Date of Board approval
Through
September 29, 2016

PEP BIOMEDICAL OPERATING EXPENSES	AMOUNT
Laboratory	\$0
Medications	\$0
Vaccines	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule. Any variation to the line-item budgeted amount must be executed through a written Change Notice, executed by the Division of HIV and STD Programs' Director and the Contractor.

SCHEDULE 5

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
ELECTRONIC DATA INTERCHANGE (EDI)
(ONE-TIME USE)**

Budget Period
September 30, 2016
Through
September 29, 2017

FEE TYPE	AMOUNT
EDI PROGRAMMING	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule.

SCHEDULE 6

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PrEP**

Budget Period
September 30, 2016
Through
September 29, 2017

FEE-FOR-SERVICE TYPE	AMOUNT
* PRE-EXPOSURE PROPHYLAXIS (PREP)	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule.

*See Attachment C-1, Pricing Sheet for rate and frequency of service elements.

SCHEDULE 7

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PrEP**

Budget Period
September 30, 2016
Through
September 29, 2017

PREP BIOMEDICAL OPERATING EXPENSES	AMOUNT
Laboratory	\$0
Medications	\$0
Vaccines	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule. Any variation to the line-item budgeted amount must be executed through a written Change Notice, executed by the Division of HIV and STD Programs' Director and the Contractor.

SCHEDULE 8

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PEP**

Budget Period
September 30, 2016
Through
September 29, 2017

FEE-FOR SERVICE TYPE	AMOUNT
* POST-EXPOSURE PROPHYLAXIS (PEP)	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule.

*See Attachment C-1, Pricing Sheet for rate and frequency of service elements.

SCHEDULE 9

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PEP**

Budget Period
September 30, 2016
Through
September 29, 2017

PEP BIOMEDICAL OPERATING EXPENSES	AMOUNT
Laboratory	\$0
Medications	\$0
Vaccines	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule. Any variation to the line-item budgeted amount must be executed through a written Change Notice, executed by the Division of HIV and STD Programs' Director and the Contractor.

SCHEDULE 10

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PrEP**

Budget Period
September 30, 2017
Through
September 29, 2018

FEE-FOR-SERVICE TYPE	AMOUNT
* PRE-EXPOSURE PROPHYLAXIS (PREP)	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule.

*See Attachment C-1, Pricing Sheet for rate and frequency of service elements.

SCHEDULE 11

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PrEP**

Budget Period
September 30, 2017
Through
September 29, 2018

PREP BIOMEDICAL OPERATING EXPENSES	AMOUNT
Laboratory	\$0
Medications	\$0
Vaccines	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule. Any variation to the line-item budgeted amount must be executed through a written Change Notice, executed by the Division of HIV and STD Programs' Director and the Contractor.

SCHEDULE 12

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PEP**

Budget Period
September 30, 2017
Through
September 29, 2018

FEE-FOR SERVICE TYPE	AMOUNT
* POST-EXPOSURE PROPHYLAXIS (PEP)	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule.

*See Attachment C-1, Pricing Sheet for rate and frequency of service elements.

SCHEDULE 13

AGENCY NAME

**BIOMEDICAL HIV PREVENTION SERVICES
PEP**

Budget Period
September 30, 2017
Through
September 29, 2018

PEP BIOMEDICAL OPERATING EXPENSES	AMOUNT
Laboratory	\$0
Medications	\$0
Vaccines	\$0
Total Maximum Obligation	\$0

During the term of this MAWO, Contractor will be reimbursed for the above-mentioned services not to exceed the amount listed in this schedule. Any variation to the line-item budgeted amount must be executed through a written Change Notice, executed by the Division of HIV and STD Programs' Director and the Contractor.

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
BIOMEDICAL HIV PREVENTION SERVICES
PrEP SERVICE ELEMENTS**

1.0 TARGET POPULATIONS

1.1 Residents of LAC at high risk for HIV infection including, but not limited to, men who have sex with men (MSM) and transgender individuals, with a focus on young African American and Latino MSM (YMSM) whose income is less than 500% of the federal poverty level (FPL). Services are targeted in two ways:

1.1.1 Any insurance status: All non-medical PrEP and PEP services will be reimbursed for any patient regardless of health insurance status

1.1.2 Uninsured and underinsured status: Medical PrEP and PEP services will be reimbursed for uninsured and underinsured patients only

1.2 Patients may be classified as underinsured if they meet one or more of the following criteria:

1.2.1 Income criteria:

- a) Medical expense greater than 10% of annual income;
- b) Annual income less than 200% of the FPL and medical expenses greater than 5% of annual income;
- c) Health plan deductible greater or equal to 5% of annual income; or
- d) Limited scope, restricted, or emergency only Medi-Cal.

1.2.2 Health plan criteria:

- a) Client obtained insurance coverage through Covered California Marketplace but has a Bronze-level plan; or
- b) Client enrolled in or is eligible for My Health LA health care program.

1.2.3 Age criteria:

- a) Client is under 26 years of age and is covered by parents' or guardians' health insurance, but who, for reasons of confidentiality, does not wish to disclose they are receiving PrEP services to the primary insurance holder.

2.0 CONTRACTOR'S PERSONNEL

Contractor shall assign a sufficient number of employees to perform the required work. At least one employee on site shall be authorized to act for Contractor in every detail and must speak and understand English.

2.1 Licensed Medical Practitioner

Contractor must provide a licensed medical practitioner that is either a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP) or Physician Assistant (PA), with current and valid license that is in good standing with the appropriate credentialing Board, issued by the State of California **-AND-** must have 12 months of experience, within the last 3 years, providing sexual health or primary care services to MSM and transgender individuals. Contractor's licensed medical practitioner must be able to carry out all of the following functions:

- Conduct medical evaluations;
- Prescribe medications; and
- Perform HIV and STD screening

2.2 Program Manager (Biomedical Prevention Coordinator)

2.2.1 Contractor shall provide a Program Manager or designated alternate. County must have access, including a telephone number, where Program Manager can be reached during Contractor's business hours.

2.2.2 Program Manager must have Bachelor of Arts (BA)/Bachelor of Science (BS), Master's Level Social Worker (MSW) or a Licensed Clinical Social Worker (LCSW) degree, at least 24 months of case management experience, AND at least 36 months of experience managing services for target population in this service category.

2.2.3 Program Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Program Manager shall be the primary person for DHSP on contract-related issues. Program Manager is responsible for intake and assessment, referral to services, program reassessment, referral and linkage to primary care, and development of a plan for the client, as well as over-all coordination of PEP service related activities. Program Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

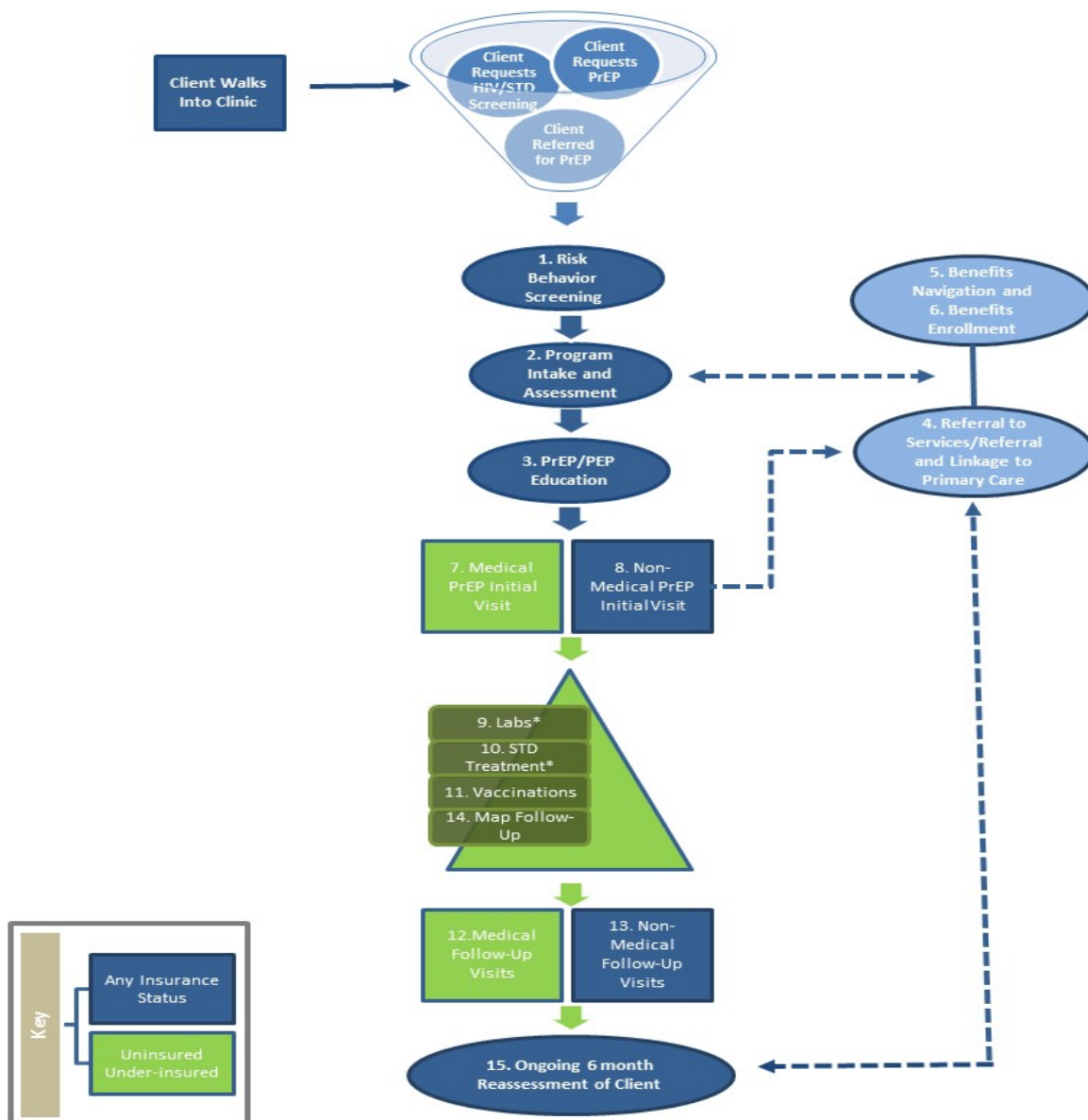
3.0 WORK SCHEDULES

Contractor shall submit for review and approval a work schedule for each facility to the County Project Director within 10 days prior to starting work. The schedules shall list the time frames by day of the week, morning, and afternoon that PrEP services will be performed.

4.0 SPECIFIC WORK REQUIREMENTS - PrEP SERVICES PRICING SHEET

Pricing sheet for PrEP, as outlined in Attachment C-1, includes discreet service elements, eligible clients for each service element, the staffing level needed to conduct the service element, the rate DHSP will pay for the service element and the frequency with which the service should/can be provided per client per year. Diagram 1 on page 3 reflects the PrEP service elements in a flow chart format. It provides a suggestion on how the services may flow in the clinic for each client.

Diagram 1
Pre-Exposure Prophylaxis (PrEP) Service Elements Diagram



** Cost of STD treatment, vaccines, and labs are billable through line-item.*

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
BIOMEDICAL HIV PREVENTION SERVICES
PEP SERVICE ELEMENTS**

1.0 TARGET POPULATIONS

- 1.1 Residents of LAC at high risk for HIV infection including, but not limited to, men who have sex with men (MSM) and transgender individuals, with a focus on young African American and Latino MSM (YMSM) whose income is less than 500% of the federal poverty level (FPL). Services are targeted in two ways:
 - 1.1.1 Any insurance status: All non-medical PrEP and PEP services will be reimbursed for any patient regardless of health insurance status
 - 1.1.2 Uninsured and underinsured status: Medical PrEP and PEP services will be reimbursed for uninsured and underinsured patients only
- 1.2 Patients may be classified as underinsured if they meet one or more of the following criteria:
 - 1.2.1 Income criteria:
 - a) Medical expense greater than 10% of annual income;
 - b) Annual income less than 200% of the FPL and medical expenses greater than 5% of annual income;
 - c) Health plan deductible greater or equal to 5% of annual income; or
 - d) Limited scope, restricted, or emergency only Medi-Cal.
 - 1.2.2 Health plan criteria:
 - a) Client obtained insurance coverage through Covered California Marketplace but has a Bronze-level plan; or
 - b) Client enrolled in or is eligible for My Health LA health care program.
 - 1.2.3 Age criteria:
 - a) Client is under 26 years of age and is covered by parents' or guardians' health insurance, but who, for reasons of confidentiality, does not wish to disclose they are receiving PEP services to the primary insurance holder.
 - 1.2.4 PEP specific underinsured criteria:
 - a) For PEP services, in addition to the above criteria, patients may be classified underinsured if the DHSP funded clinic where they present for PEP is not covered by their health insurance plan (e.g., considered in-network).

2.0 CONTRACTOR'S PERSONNEL

Contractor shall assign a sufficient number of employees to perform the required work. At least one employee on site shall be authorized to act for Contractor in every detail and must speak and understand English.

2.1 Licensed Medical Practitioner

Contractor must provide a licensed medical practitioner that is either a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP) or Physician Assistant (PA), with current and valid license that is in good standing with the appropriate credentialing Board, issued by the State of California -**AND-** must have 12 months of experience, within the last 3 years, providing sexual health or primary care services to MSM and transgender individuals. Contractor's licensed medical practitioner must be able to carry out all of the following functions:

- Conduct medical evaluations;
- Prescribe medications; and
- Perform HIV and STD screening

2.2 Program Manager (Biomedical Prevention Coordinator)

2.2.1 Contractor shall provide a Program Manager or designated alternate. County must have access, including a telephone number, where Program Manager can be reached during Contractor's business hours.

2.2.2 Program Manager must have a Bachelor of Arts (BA)/Bachelor of Science (BS), Master's Level Social Worker (MSW) or a Licensed Clinical Social Worker (LCSW) degree, at least 24 months of case management experience, AND at least 36 months of experience managing services for target population in this service category.

2.2.3 Program Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Program Manager shall be the primary person for DHSP on contract-related issues. Program Manager is responsible for intake and assessment, referral to services, program reassessment, referral and linkage to primary care, and development of a plan for the client, as well as over-all coordination of PEP service related activities. Program Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

3.0 WORK SCHEDULES

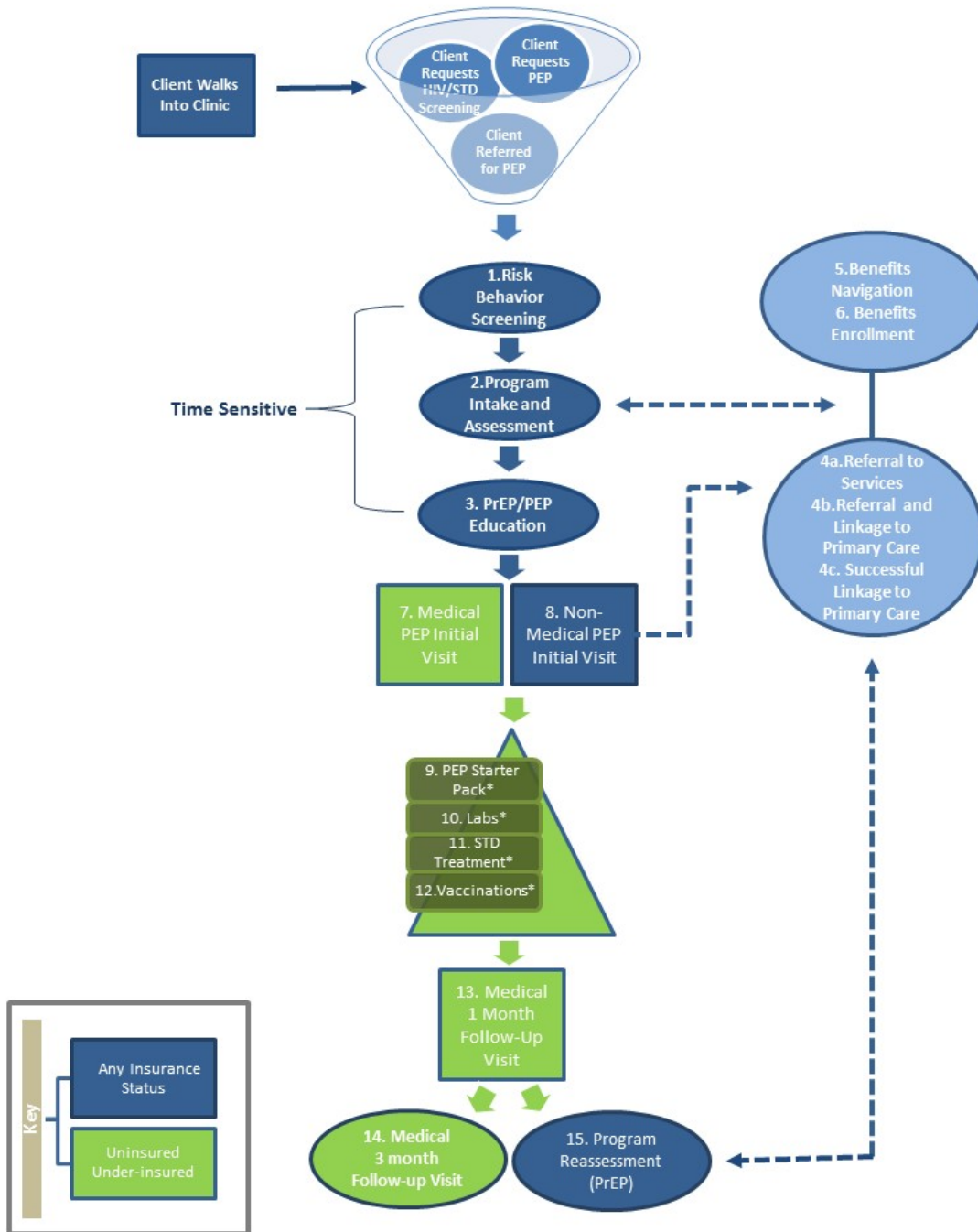
3.1 PEP services must be provided by a licensed medical practitioner that is available, at a minimum, Monday through Friday, 9:00 am to 5:00 pm.

3.2 Contractor shall submit for review and approval a work schedule for each facility to the County Project Director within 10 days prior to starting work. The schedules shall list the time frames by day of the week, morning, and afternoon that PEP services will be performed.

4.0 SPECIFIC WORK REQUIREMENTS - PEP SERVICES TABLE 2

Pricing sheet for PEP, as outlined in Attachment C-1, includes discreet service elements, eligible clients for each service element, the staffing level needed to conduct the service element, the rate DHSP will pay for the service element, and the frequency with which the service should/can be provided per client per year. Diagram 2 on page 3 reflects the service elements in a flow chart format. It provides a suggestion on how the services may flow in the clinic for each client.

Diagram 2
Post-Exposure Prophylaxis (PEP) Service Elements



** Cost of PEP starter pack, labs, STD treatment, and vaccines are billable through line-item.*

ATTACHMENT F

EXHIBITS REQUIRED FOR EACH WORK ORDER **BEFORE WORK BEGINS**

- F1 CERTIFICATION OF EMPLOYEE STATUS
- F2 CERTIFICATION OF NO CONFLICT OF INTEREST
- F3 CONTRACTOR ACKNOWLEDGEMENT, CONFIDENTIALITY AND
COPYRIGHT ASSIGNMENT AGREEMENT
- F4 CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY
AGREEMENT
- F5 CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND
CONFIDENTIALITY AGREEMENT
- F6 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS
(45 C.F.R. PART 76) (as applicable)

**BIOMEDICAL HIV PREVENTION SERVICES
MASTER AGREEMENT WORK ORDER**

CERTIFICATION OF EMPLOYEE STATUS

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

CONTRACTOR NAME

Work Order No. _____ County Master Agreement No. _____

I CERTIFY THAT: (1) I am an Authorized Official of Contractor; (2) the individual(s) named below is(are) this organization's employee(s); (3) applicable state and federal income tax, FICA, unemployment insurance premiums, and workers' compensation insurance premiums, in the correct amounts required by state and federal law, will be withheld as appropriate, and paid by Contractor for the individual(s) named below for the entire time period covered by the attached Work Order.

EMPLOYEES

1. _____
2. _____
3. _____
4. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Official

Printed Name of Authorized Official

Title of Authorized Official

Date

**BIOMEDICAL HIV PREVENTION SERVICES
MASTER AGREEMENT WORK ORDER**

CERTIFICATION OF NO CONFLICT OF INTEREST

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

CONTRACTOR NAME

Work Order No. _____ County Master Agreement No. _____

Los Angeles County Code Section 2.180.010.A provides as follows:

“Certain contracts prohibited.

- A. Notwithstanding any other section of this code, the county shall not contract with, and shall reject any bid or proposal submitted by, the persons or entities specified below, unless the board of supervisors finds that special circumstances exist which justify the approval of such contract:
1. Employees of the county or of public agencies for which the board of supervisors is the governing body;
 2. Profit-making firms or businesses in which employees described in subdivision 1 of subsection A serve as officers, principals, partners, or major shareholders;
 3. Persons who, within the immediately preceding 12 months, came within the provisions of subdivision 1 of subsection A, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
 4. Profit-making firms or businesses in which the former employees, described in subdivision 3 of subsection A, serve as officers, principals, partners, or major shareholders.”

Contractor hereby declares and certifies that no Contractor Personnel, nor any other person acting on Contractor's behalf, who prepared and/or participated in the preparation of the bid or proposal submitted for the Work Order specified above, is within the purview of County Code Section 2.180.010.A, above.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Official

Printed Name of Authorized Official

Title of Authorized Official

Date

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

Contractor Name _____

Work Order No. _____

County Master Agreement No. _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a Master Agreement with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced Master Agreement.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced Master Agreement. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced Master Agreement between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced Master Agreement. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff shall keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

Contractor Name _____ Employee Name _____

Work Order No. _____ County Master Agreement No. _____

GENERAL INFORMATION:

Your employer referenced above has entered into a Master Agreement with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced Master Agreement. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced Master Agreement.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced Master Agreement. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced Master Agreement is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future Master Agreement.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced Master Agreement between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced Master Agreement. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this Master Agreement or termination of my employment with my employer, whichever occurs first.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

**CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT, CONFIDENTIALITY, AND
COPYRIGHT ASSIGNMENT AGREEMENT**

Page 2 of 2

(Note: This certification is to be executed and returned to County with Contractor's executed Work Order. Work cannot begin on the Work Order until County receives this executed document.)

Contractor Name _____ Non-Employee Name _____

Work Order No. _____ County Master Agreement No. _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a Master Agreement with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above has exclusive control for purposes of the above-referenced Master Agreement. I understand and agree that I must rely exclusively upon the Contractor referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced Master Agreement.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced Master Agreement. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced Master Agreement is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future Master Agreement.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced Contractor for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced Master Agreement between the above-referenced Contractor and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced Contractor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information, and all other original materials produced, created, or provided to or by me under the above-referenced Master Agreement. I agree to protect these confidential materials against disclosure to other than the above-referenced Contractor or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me, I shall keep such information confidential.

I agree to report to the above-referenced Contractor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced Contractor upon completion of this Master Agreement or termination of my services hereunder, whichever occurs first.

COPYRIGHT ASSIGNMENT AGREEMENT

I agree that all materials, documents, software programs and documentation, written designs, plans, diagrams, reports, software development tools and aids, diagnostic aids, computer processable media, source codes, object codes, conversion aids, training documentation and aids, and other information and/or tools of all types, developed or acquired by me in whole or in part pursuant to the above referenced Master Agreement, and all works based thereon, incorporated therein, or derived therefrom shall be the sole property of the County. In this connection, I hereby assign and transfer to the County in perpetuity for all purposes all my

**CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT, CONFIDENTIALITY, AND
COPYRIGHT ASSIGNMENT AGREEMENT**

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right, title, and interest in and to all such items, including, but not limited to, all unrestricted and exclusive copyrights, patent rights, trade secret rights, and all renewals and extensions thereof. Whenever requested by the County, I agree to promptly execute and deliver to County all papers, instruments, and other documents requested by the County, and to promptly perform all other acts requested by the County to carry out the terms of this agreement, including, but not limited to, executing an assignment and transfer of copyright in a form substantially similar to Exhibit H1, attached hereto and incorporated herein by reference. The County shall have the right to register all copyrights in the name of the County of Los Angeles and shall have the right to assign, license, or otherwise transfer any and all of the County's right, title, and interest, including, but not limited to, copyrights, in and to the items described above.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY
EXCLUSION – LOWER TIER COVERED TRANSACTIONS
(45 C.F.R. PART 76)**

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Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary
Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Vendor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
 2. Vendor shall provide immediate written notice to the person to whom this SOQ is submitted if at any time Vendor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
 3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “SOQ,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this SOQ is submitted for assistance in obtaining a copy of those regulations.
 4. Vendor agrees by submitting this SOQ that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
 5. Vendor further agrees by submitting this SOQ that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement attached to the Request for Statement of Qualifications, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
 6. Vendor acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Vendor acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its principals. Vendor acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
 3. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and
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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY
EXCLUSION – LOWER TIER COVERED TRANSACTIONS
(45 C.F.R. PART 76)**

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information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

4. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
5. Where Vendor and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Vendor shall attach a written explanation to its SOQ in lieu of submitting this Certification. Vendor's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Vendor and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this Request for Statement of Qualifications.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Vendor hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

Authorized Representative:

Signature:	Date:
Print Name:	Title:

CONTRACTOR'S OBLIGATION AS A NON-BUSINESS ASSOCIATE UNDER
THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
(HIPAA) OF 1996

The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA").

Contractor understands and agrees that, as a provider of medical treatment services, it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy and security of patient's medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, and the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. Contractor understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that County has not undertaken any responsibility for compliance on Contractor's behalf. Contractor has not relied, and will not in any way rely, on County for legal advice or other representations with respect to Contractor's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

"CONTRACTOR AND COUNTY UNDERSTAND AND AGREE THAT
EACH IS INDEPENDENTLY RESPONSIBLE FOR HIPAA COMPLIANCE AND

AGREE TO TAKE ALL NECESSARY ACTIONS TO COMPLY WITH THE REQUIREMENTS OF THE HIPAA LAW AND IMPLEMENTING REGULATIONS RELATED TO TRANSACTIONS AND CODE SET, PRIVACY AND SECURITY. EACH PARTY FURTHER AGREES TO INDEMNIFY AND HOLD HARMLESS THE OTHER PARTY (INCLUDING THEIR OFFICERS, EMPLOYEES, AND AGENTS), FOR ITS FAILURE TO COMPLY WITH HIPAA.”

CHARITABLE CONTRIBUTIONS CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to your company.

- ☐ Vendor or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Vendor engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

- ☐ Vendor or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

Signature

Date

Name and Title of Signer (please print)
